

INTERNATIONAL FRIENDSHIP PROGRAM

STUDENT APPLICATION

International Friendship Program
California State University, Fresno
International Student Services & Programs
Joyal Administration Room 256
5150 N. Maple Ave., M/S JA 56
Fresno, CA 93740-8026
559.278.2782 – Office Phone
match@ifpfresno.org



Date: _____

Last Name (Family): _____ First Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

(Ex. aaaa@hotmail.com) - Please print neatly

Note: Is this a temporary address? **Yes** **No**
If yes, please notify the International Student Services & Programs Office of your new address as soon as possible!

Gender: Male Female

Marital Status: Single Married

Date of Birth: ____/____/____
 mo day year

Do you have children? _____ Here? _____

Are you accompanied by a spouse? Yes No If Yes, spouse's name: _____

Country of Birth/Citizenship: _____

Religion: _____

Are you a student athlete? Yes No If so, what team are you on: _____

Are you under an athletic scholarship? Yes No

Date of arrival in U.S.A.: _____ Date of arrival at Fresno State: _____

How long do you expect to be in Fresno? _____

What is your major: _____ Undergraduate or Graduate? _____

I plan to check my email: daily weekly other: _____

Please list any foods you cannot eat? _____

Do you have a car? Y N Do you plan to buy one? Y N

What sport activities/recreation/hobbies do you like? _____

I understand that is information is requested to help the families get to know me better and helps in the matching process. I give my permission to have any of this information released to my friendship family/single and volunteers in the International Friendship Program.
Signature: _____ Date: _____

OFFICE USE ONLY:
Assigned: _____ Info. Sent: _____
Date Assigned: _____